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Preparation and Peace

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President, The Canadian Nurses Association

Few of those actively engaged in Nursing will soon forget the closing and ominous days of September, 1938. The anxiety and suspense following Mr. Chamberlain's second visit to Germany made us all realize how near we were to war—a war which unlike all previous wars could only be described as massacre. Could the greatest pacifist read of the gardens in Britain being converted into trenches for the protection of the civilian population, or of the issuance of gas masks by the million without realizing the demand that would have been made on the medical and nursing professions?

Then the Munich Conference! And the gratitude of all those who had fervently prayed that somehow, somewhere, in these dark hours a way would be found to peace. The greatest pessimist amongst us must feel that at least hope and promise have come out of that historic conclave.

A very different message from this was prepared for these pages, when on Tuesday, September 27, it was realized that "A Call" to the profession was near. Were we ready? Individually and spiritually, yes! But were we organized as we might have been? At the Biennial Meeting of the Canadian Nurses Association recently held in Halifax, it was shown that the enrolment for Emergency Service was less than two-thirds of what was considered essential. One speaker mentioned that the reason is that the younger generation of nurses are definitely opposed to war; another, that if the necessity arose the nurses of the Dominion would rally. Although the Emergency Enrolment is for *war* or *disaster*, the present juncture shows that war might have been disaster. Would we who are trained and ready to render service stop to question how or under what conditions a man, a woman, or a child was injured? Surely Nursing has

stood, since time began, for Peace, which includes physical and mental harmony and well-being. What other profession has such an opportunity?

May our experience of these past days urge every nurse who enjoys health and freedom from other responsibilities to enrol through her Provincial Registered Nurses Association for such emergencies as may arise and over which we realize we have so little control.

The work of any national committee —government or professional—might have been unnecessarily hampered by the limited number of enrolled members, had any medical assistance been offered to the Empire. *Will you not enrol now if you are able and free?*

Service and Scientific Competence

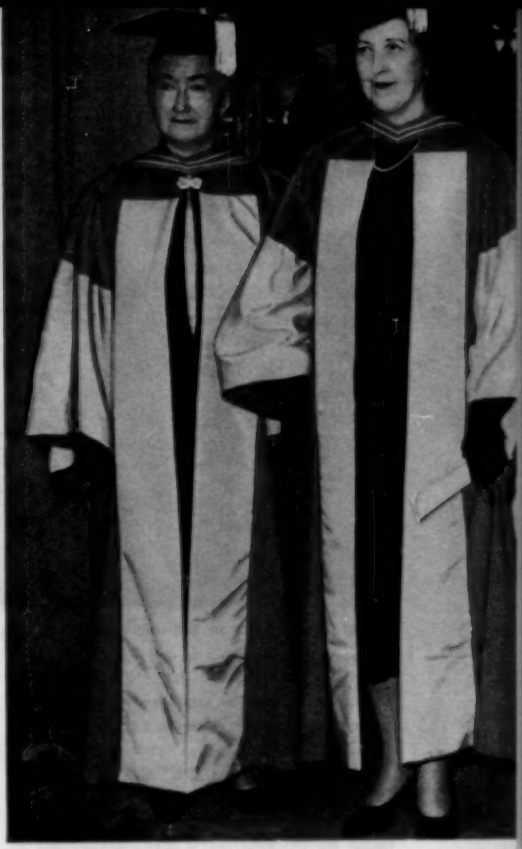
In an atmosphere of splendour unexcelled in its history, the University of Toronto recently conferred honourary degrees on ten distinguished representatives of various fields of endeavour. In this company, two women held places of high honour, one of them was The Lady Tweedsmuir, wife of the Governor-General of Canada, the other was Jean Isabel Gunn. As the long and colourful procession wound its way into the vaulted Convocation Hall, these two women walked side by side, wearing their magnificent scarlet and pink academic robes. The Lady Tweedsmuir was honoured not only as a historian and the author of many books, but also as "a helper of the women of the West". Miss Gunn received the degree of Doctor of Laws *honoris causa* because "she is a great nurse and a great educator of nurses". In presenting Miss Gunn to the Chancellor of the University, President Cody paid her this well deserved tribute:

The present day profession of nursing has been developed by four diverse influences: religion, war, science, and governmental care for public health. It has been an art, a vocation, and a profession. As an art it has ebbed and flowed with medical knowledge from the dawn of history to the fourth century; as a vocation from the beginning of Christianity to modern times it maintained sporadically a high level; as a profession it dates from about 1850 and has rapidly made history since that time. Indeed it has its future still in front of it. Nursing is now a profession protected and registered by the State and available for almost all the stages and needs of life.

It is fitting that this University should recognize the service and the scientific competence of this noble profession. To-day we seek to do so by conferring an honourary degree upon a great nurse and a great educator of nurses. We honour Miss Gunn, herself, and through her the profession she represents. A Canadian by birth, trained in New York, she has for twenty-five years directed the nursing of one of Canada's great hospitals (The Toronto General—the chief teaching hospital of this University) and has been superintendent of its nursing school. At home and abroad she has brought honour to her hospital and to her profession. She has won the confidence and respect of members of her profession in Canada and in other lands, and by their choice has been President of the Canadian Nurses Association and Vice-President of the International Council of Nurses. She has been a member

of the Grand Council of the Florence Nightingale International Foundation since its organization in 1933, and an adviser in nursing for our Canadian Red Cross since 1926. The Canadian Nurses awarded her the Snively Memorial medal; and the International Red Cross Committee of Geneva the Florence Nightingale medal, for outstanding work in connection with the Red Cross Society. The hospital and the nurses alike pay tribute to her power of organization; her progressive spirit; her soundness of judgment; her discipline compounded of humour, justice and strength; and her courageous leadership in upholding the highest ideals of the profession and in raising the standards of nursing education.

I now present to you Jean Isabel Gunn, Officer of the most excellent Order of the British Empire, Superintendent of Nurses at the Toronto General Hospital, to receive at your hands the degree of Doctor of Laws, *honoris causa*.



The Lady Tweedsmuir (right) and Miss Jean I. Gun (left) walking in the Academic Procession.
Courtesy of "The Globe and Ma

The universities of Canada have bestowed high honours upon nursing as a profession during the past year, and none of us could read, without a thrill of pride, the words spoken by Dr. Chipman when presenting Miss Mabel F. Hersey for the degree of Doctor of Laws, conferred by McGill University. The same note was struck by the President of the University of Toronto when he said: "It is fitting that this University should recognize the service and scientific competence of this noble profession" and it is upon the words *scientific competence* that we would like to place special emphasis. There has always been generous appreciation of the willingness of nurses to serve, and of the devotion displayed in that service. The realization of the value of scientific competence in nursing has come more slowly, and will be the more prized because it is not easily acquired but comes only as the reward of deep study, courageous experiment, and long practice. Women like Jean Isabel Gunn have been our path-finders in the steep upward climb. Thanks to their courage, patience and foresight, the crooked shall be made straight and the rough places plain.

Silver Anniversary

Twenty-five years ago Jean Isabel Gunn became superintendent of nurses in the Toronto General Hospital. Some quite important people thought she was much too young for the job and wondered why Sir Joseph Flavelle, who at that time was chairman of the Board of Directors, had made such a rash appointment. At a gala dinner, given by the Alumnae Association of the School of Nursing of the Toronto General Hospital in honour of her Silver Anniversary, Miss Gunn made open confession in the presence of eight hundred guests and of Sir Joseph himself. Here is the dark secret so jealously guarded all these years:

"When I put in my application to the Board of Trustees, I never expected to hear from it again. Then I received word to appear before the board. A candid friend said: 'Well, you're not going to Toronto in that hat. I'm sure the Board of Trustees is made up of men. If it were comprised of women it would be different.' I had no decent hat and no way of buying one, so the entire nursing staff combed the whole hospital, and I arrived in Toronto with the best hat in the hospital. I think the hat won Sir Joseph's heart!"

That hat ought to be preserved in our national archives, for it assured to Canada the possession of our best loved and most outstanding Canadian nurse. Probably its conservation is not possible, for we can only surmize that Miss Gunn returned it to its owner once it had achieved its nefarious purpose.

If this introduction seems frivolous it is not our fault. The occasion was so gay, so spontaneous and light-hearted that we just can't be solemn about it. The President of the University of Toronto, when conveying greetings to Miss Gunn, said that anniversary celebrations sometimes had an atmosphere of sadness because they foreshadowed retirement. "This anniversary," said Dr. Cody, "is not a full stop—it is only a semicolon,"—a remark which was greeted with a burst of hearty applause.

Before dealing with the formal programme we should like to try our hand at being a society editor. Who gave the party? Where was it? Who was there? How did she look? This sort of thing is not exactly up our alley but we will do our best. The Silver Anniversary Dinner was given at the Royal York Hotel under the auspices of the Alumnae Association of the School of Nursing of the Toronto General Hospital. Those responsible for its general direction were Miss Margaret Dulmage, president of the Association and Miss Agnes Neill, convener of the arrangements committee. The perfection with which every detail was carried out reflects the greatest credit upon them both, and upon all the members of the Association who were actively associated with them.

In honour of Miss Gunn's Scottish ancestry, the guests at the head table were piped in by Highlanders in full regalia. Leading the procession were Sir Joseph Flavelle and Miss Gunn, who wore a most becoming white lace gown and a magnificent corsage bouquet of mauve orchids. It must have been a source of deep happiness to her to know that her mother, now more than ninety years of age, was able to be present. Accompanied by two of her other daughters, Mrs. Gunn was the very embodiment of the beauty and dignity of a serene old age.

From our point of vantage, the scene was most colourful, and to prove that we are not unduly biassed, here is what

Helen G. R. Locke

the society editor of *The Globe and Mail* has to say: "Compliments to the nurses—the best dressed professional women, a reporter decided, after looking at the hundreds gathered to do honour to Miss Jean Gunn on the occasion of her Silver Anniversary".

Miss Dulmage, who acted as presiding officer with both distinction and charm, welcomed the guests and then came the presentation of greetings to Miss Gunn. First of all, came those of Sir Joseph Flavelle who spoke with emotion and earnestness of all that his long friendship with Miss Gunn had meant to him. Then Mr. E. C. Fox, chairman of the Board of Trustees of the Toronto General Hospital, expressed the high esteem in which she is held by the governing body. Dr. W. E. Gallie, Dean of the Faculty of Medicine of the University of Toronto came next in order, and mentioned the far-reaching influence of Miss Gunn's career which he described as "the most successful administration of a nursing service ever seen in this country."

When the President of the International Council of Nurses rose to speak she was given a most hearty welcome. It was quite evident that Dean Taylor took great pleasure in conveying to Miss Gunn the tributes of praise which had come from so many nations. In the course of a delightful address, Dean Taylor delivered messages from Dame Alicia Lloyd Still, Miss Ruth Darbyshire and Miss Beatrice Monk, all of Great Britain; from Miss Nina D. Gage, a past president of the International Council of Nurses; and from Miss B. G. Alexander, of South Africa. A message from Baroness Leopoldine van Hogendorp, president of the National Nurses Association of Holland, read as follows:

"Miss Gunn, I have the honour to collaborate with you on the commission for the revision of constitution and by-laws of the International Council of Nurses. In this ca-

pacity I have always been astonished at the amount of work you seemed able to do in the most impossible hours of the day. Between a late afternoon and an early morning meeting, with a dinner or some other social function in between, you managed to gather and sift all necessary information and to present it to us clear as a crystal, but also with a fairness which made it impossible for anyone to feel hurt. I often wondered how your neighbours would have fared during the dinner until I happened to be one of them. My admiration then mounted even higher, as the intricate protocol of an English dinner and the gay chatter going on, also had your full interest".

Best of all, we liked Dean Taylor's own tribute to Miss Gunn as a wise counsellor in international nursing affairs:

"Miss Gunn is one of the most happy "minglers" of whom I know. When things become stormy, and no one knows what action it is wise to take, and everyone is struggling to be heard, Miss Gunn, in a quiet manner, rises and says, "Madam President, I do not believe we have got the point at all. The real problem is much more vital and we seem to be missing it entirely." She then picks up the threads and usually ends by presenting a recommendation which "mingles" the ideas and brings clarity out of confusion".

At the conclusion of her address, Dean Taylor said, "We hope that you will celebrate your Golden Jubilee and that you will be a coming President of the International Council of Nurses". A gorgeous bouquet of red roses was then presented to Miss Gunn from the American Nurses Association, with greetings from its president, Miss Julia C. Stimson.

Then came the message of heartfelt admiration and affection of the Canadian Nurses Association, prepared by the President, Miss Grace M. Fairley, and delivered by Miss Elizabeth L. Smellie. In her usual happy vein, Miss Smellie said how pleased she was that her first official appearance as the new first vice-president of the Canadian Nurses Association should be upon such an auspicious occasion.

The last speaker to convey greetings was the President of the University of Toronto, who announced that the University would shortly confer upon Miss Gunn the honourary degree of Doctor of Laws, *honoris causa*, "and there is no one in the whole community who more richly deserves it", said Dr. Cody, in the midst of loud applause.

At this point there came a report of the programme which especially appealed to Miss Gunn. Miss Jean E. Browne, who is a past president of the Alumnae Association, said that in order to fill Miss Gunn's cup of happiness to the brim, a public tribute would be paid to the efficient and loyal members of her staff who have served for twenty years or more. Chief among these is Helen Glen Rae Locke, who for twenty-five years has been Miss Gunn's first assistant. Miss Browne made the penetrating comment that it requires nobility of character to play the role of second in command and pointed out that Miss Locke "seeketh not her own, but is jealous for the honour of her superior officer and of her School". Miss Esther F. Strachan, second vice-president of the Association then presented Miss Locke with an exquisite wrist watch and read the following address:

"On this happy occasion it is our privilege to do honour to you in this traditional manner of recording our respect and affection. For the hours which many of us shared with you in a personal way, we cherish pleasant memories. For the kindly guidance from which all of us have benefitted we have a

lasting gratitude. And for the loyal and competent execution of onerous duties the entire hospital is greatly indebted. The record you have established inspires this sincere tribute from your associates, your nurses and your friends".

The presentation came as a complete surprise to Miss Locke but she faced the microphone bravely and graciously expressed her thanks.

The names of the other members of the staff who have given twenty years or more of service to the Toronto General Hospital were cited by Miss Browne and include the following: Miss Elizabeth Purdy, Miss Juanita Dunbar, Miss Helen Kelley, Miss Margaret Brown, Miss J. Mabel Kniseley, Miss Margaret Balmer, Mrs. Margaret Dewey, Mrs. Caroline Burns (dietitian), Mrs. M. Lindsay.

Then came the climax of the whole celebration—the presentation to Miss Gunn by Mrs. Edward S. Jeffrey, first vice-president of the Association, of an illuminated address, an amethyst pendant, and a purse of gold. The text of the address follows:

"On this occasion of the twenty-fifth anniversary of your appointment as Superintendent of Nurses in the Toronto General Hospital, we, the members of the Alumnae Association of the School for Nurses of the Toronto General Hospital, wish to pay tribute to the admirable work that you have done, work which has brought distinction to the Toronto General Hospital, and for which you have deservedly received international recognition.

We have valued the ability, the integrity of character and the gifts of leadership which have contributed to your success. But it has been your high ideals, and your courage in carrying out those ideals that have called forth our deepest admiration. Such an example of courageous leadership will remain an abiding influence in our lives, and will encourage us to perpetuate the high professional standards that you have upheld. It is with a deep sense of personal indebtedness that we tender this expression of the loyalty and affection of many hundreds of graduates."

Though it was apparent that she was deeply moved, Miss Gunn's unfailing sense of humour did not desert her as she rose to acknowledge the tribute made to her. She began by telling a story about a negro woman at her husband's funeral who was so astonished by the flowery praise given to the deceased by the pastor that she said to her little boy: "Rastus, go look in that coffin and see if that really *is* your pa that he's talking about". After this characteristic approach, Miss Gunn spoke most feelingly of all who had been associated with her in her professional work, and shared with them the recognition accorded to her. A reception followed, which gave the guests an opportunity of greeting Miss Gunn personally, and thus there drew to a close this radiant Silver Anniversary. E.J.

IN THE FRONT LINE

So far, Canadian nurses have creditably fulfilled their obligation to the Florence Nightingale International Foundation and now that the Canadian Nurses Association has pledged its support for a further four-year period there can be no doubt that they will continue to do so.

In these troubled days, any friendly tie between the nations needs to be conserved and strengthened, and nurses, perhaps more than any other group, have achieved a measure of international solidarity. It may well be that, over and above the intellectual resources which such a Foundation makes available to the nurses of the world, it may offer them something even more precious,—an opportunity to know, to understand, and to respect one another.

The following appeal has now been addressed by Miss Kathleen I. Sanderson, chairman of the Florence Nightingale Memorial Committee of the Canadian Nurses Association, to the provincial conveners who in turn will present it to the members of the nine provincial Associations of Registered Nurses:

It was in 1933 that the International Council of Nurses, in conference in Paris, decided to establish and maintain a permanent International Memorial to Florence Nightingale in the form of an endowed trust for post-graduate nursing education and the maintenance and development of facilities for post-graduate education for selected nurses from all countries. In that same year, upon request of the I.C.N., the nurses of Canada, along with nurses in twenty other countries, pledged financial support to the Foundation for a period of five years. This pledge was completed this year and Canada has never defaulted. At the Biennial Meeting of the Canadian Nurses Association held in Halifax this summer, following information received from the Treasurer of the International Foundation, very full discussion took place as to its future, and the following resolution was passed:

"Whereas the Canadian Nurses Association has completed the five-year pledge towards the support of the Florence Nightingale International Foundation, and whereas it is desirable that this support be continued, therefore, be it resolved, that the pledge of financial support be renewed for a further period of four years, this to be up to and including 1942, with the hope that before that time is expired, steps will be taken to the end that the Florence Nightingale International Foundation will drop the idea of promoting a course of its own, and in place of that will work directly through some school, or college, or teaching department of nursing in London, because the purpose of the Florence Nightingale Foundation is to promote advanced study of nursing and nursing education".

So we again appeal with confidence to each of the Provincial Associations of Registered Nurses in Canada for a continuance of your whole-hearted support. These extracts from *The Times* reflect the spirit of the woman whose memory this Foundation honours:

"The life and work of Florence Nightingale will remain forever a beacon of the profession of nursing. Miss Nightingale did not, as is sometimes said, create the nursing profession; that was done in large measure by the Christian Church. But she reformed it and remade it, giving it a new direction and a more lively inspiration. Miss Nightingale believed in training as the only means to efficiency in the nursing profession. The Memorial will emphasize the place of study in the nurse's preparation for her work, a preparation which begins rather than ends when she has completed her early training".

Other countries which are contributing to the Foundation are Belgium, Czechoslovakia, Denmark, Finland, France, Great Britain, Greece, Iceland, India, Eire, Japan, Latvia, Netherlands, New Zealand, Norway, Phillipines, Poland, South Africa, Sweden, United States, and of all these, Canada should be in the front line.

Billy and his Family

HUILOTA S. DYKEMAN

Director, Public Health Nursing Service
New Brunswick Department of Health

Miss A., the school teacher, had just finished calling the roll and had started the Grade 5 arithmetic lesson. Remembering that the "hygienic arrangement of the programme" called for difficult subjects early in the day when minds were keenest, she wondered if it really made any difference to Billy B. when he had arithmetic or any other subject for that matter. And then there were Clark C. and Dotty D. and a half dozen others for whom the learning process seemed an awful burden. There must be something wrong. However, the health officer with the public health nurse would soon be around and perhaps she could get some further light on the apparent lack of interest and effort on the part of some of the children. Billy B. was definitely slowing up and sometimes actually became a problem in his behaviour towards her and other members of the class.

When the health officer examined Billy B. this is what he found: an eleven year-old boy of average intelligence, poor posture, poor nutritional status, four decidedly defective teeth, with the accompanying dirty mouth. Bill also showed signs of chronic fatigue in his constant restlessness, lack of interest and inability to concentrate. Moreover, Bill's skin did not present a picture of the kind "you love to touch" and the atmosphere in his immediate vicinity would have made the soap advertisers feel ashamed of their years of high pressure salesmanship. However, Billy B. at eleven years of age was going to get a lesson in another kind of salesmanship which included many more personal elements besides the use of soap.

Said the doctor to the public health nurse, "Miss W., you have seen the teacher's report, you have mine. This boy can be helped, I think, but his problem is primarily a health one and needs close follow-up. Will you please call at the home and do what you can to have the boy's needs taken care of." And so with that, Billy's past, present and future were thrust into the hands of the keen, young public health nurse.

"Now what can be the matter with this family," said Miss W. to herself. "It has been on my inactive list for two years when the last baby became two years old. Oh! well, nowadays one never knows. Anyhow my job right now is to get Bill into better physical condition and cleaned up. In the dual process, perhaps his attitude towards his school work will change and maybe, by working together, we can get him into the next grade. And to think he was no problem in the lower grades!"

Planning her work for the next day, Miss W. went over the past record of the B. family. Her last contact showed there were the father, age 32, labourer; mother, age 30; Billy, then 9; Mary, 7; Jane, 4; the baby Tom, 2 years old. There had been no particular health problem in this family and Miss W. had made routine visits to the home to supervise the baby's care and give the mother general advice as part of her generalized public health nursing programme. The mother was intelligent, pleasant, co-operative, decidedly old-fashioned in her adherence to some health practices, but was hard working and clean, considering the amount of work she had to accomplish and the equipment at her disposal.

She had known little about the proper preparation of food and food values and this had been the public health nurse's chief problem, especially teaching her how to spend her small income to the best advantage. The three children had started to school in good physical condition and had apparently done well so far.

The next afternoon, in reply to Miss W.'s knock on the B. family's back door, a man's gruff voice called "Come in." Mr. B. had never been at home when Miss W. had called in the past, as he had always had fairly steady work. Now he said he had been out of work for three months, and during the last two years he had only had an occasional period of work never longer than two weeks at a time. They had had to apply for relief but even that had been cut off recently. They were in debt to the grocer, back in their rent and there was no hope of immediate work. Moreover, Mr. B. said he had been sick, "guessed it was the flu" and he had a cough he could not shake. It was plain to be seen that he was worried and depressed and bitter toward society in general.

During the conversation Mrs. B. returned with Tommy, now four years old. She had been trying to obtain some food from some friends who had helped her during the last two years. She presented much the same picture as her husband and Miss W. also noted that she was much thinner and actually dirty in appearance, which was a shocking change from her former self. At first she was reticent and reluctant to talk of their present plight. Much of her old spirit was gone and it was evident that the pride of both this man and woman had been considerably hurt. The once tidy little home was dirty and unkept, dishes from the last scanty meal were piled on the one table, the stove was caked with months of spilled food and ashes and it was a long day since the cooking utensils had seen a scouring. This small frame house had four rooms, a kitchen and 'parlour' on the first floor and two bedrooms upstairs and had in the past always been clean and tidy.

Careful questioning by Miss W. brought out that the urgent need at the moment was food. Mrs. B. was especially worried about the children not having the food they needed and much to Miss W.'s satisfaction showed that her teaching in nutrition had brought results. At this visit Miss W. did not take up the question of Bill and his special problems. She let the father and mother 'talk it out' and promised to do what she could about getting milk for the children and some other food. This was not to be had for the mere asking, however. It took more than one trip to the relief office and considerable work on the special committee of a local voluntary agency to get extra milk before the family's food supply was augmented, Miss W. knew the family well enough to realize that once their own self-respect was re-established (and this was going to be difficult unless the father could secure work), she would be able to get their co-operation in other things.

Going back two days later she found the parents grateful for the food and clothing which had come. Things were considerably cleaner but not yet back to old standards. This time she broached the subject of Bill and suggested the steps to be taken to remedy tthe conditions found by the school doctor. Dental treatment, since there was no free service, would have to be secured by Miss W. from one of the local dentists who would take the occasional child, in an emergency, whom she recommended. There would need to be closer parental control of Bill and the mother promised to see that his acquaintance with soap and water was more thorough and fre-

quent. Also the realization that someone was taking a special interest in him would go a long way to help in solving Billy's other problems. Incidentally the other two children in school would benefit from Billy's experience.

Things seemed to be shaping up a bit and about a week later MissW. called at the home for further check-up. This time she found Mr. B. huddled close to the kitchen stove with a severe pain 'in his left ribs' as he put it. Miss W. took his temperature, closely questioned him and decided the sooner they had the doctor the better. To the nearest store she fled to telephone, and after talking to the doctor who had not been called to the home since Mrs. B.'s last confinement, she secured his promise to visit Mr. B. The doctor's verdict, as Miss W. had dreaded, was pleurisy. This meant that the family would go immediately into her tuberculosis suspect files and as such, would need more careful supervision than ever. After the acute attack was over she got Mr. B. with the doctor's consent, to attend the health officer's tuberculosis clinic which was held once a month in that town. The health officer asked to have all the family brought in for examination and X-ray. No active tuberculosis was found but the three older children showed evidence of childhood tuberculosis, and that meant additional need for good public health nursing which among other things included regular check-up at the tuberculosis clinic.

Towards the beginning of the summer Mr. B. managed to get part-time work through the influence of Miss W., that would not overtax his strength. Billy was now beginning to show considerable improvement both in his physical condition and in his school work but this had not been obtained without continual work on the part of the teacher, the nurse and Billy's parents. The general tone of the family had picked up and with summer coming things seemed decidedly brighter. However, things were not going to work out quite as easily as she had hoped, because, on her next visit to the home, she found that Mrs. B. was again pregnant and so there was another problem to be carefully handled and seen through to its conclusion.

"Anyhow," said Miss W. as she went wearily over the history of the work she had put on this family, "we have given four children a better start in life than they would have had without our friendly supervision and they now have a chance for normal growth and development. We are working to save the family from contributing to our already too high tuberculosis problem and in order to do this we shall have to save it from becoming derelict. If we do this we will be saving the town heavy expense in years to come but it's hard to make them see that unless you can jingle the money in their ears!"

This is only one of the dozens of health problems that the public health nurse must meet and be prepared to deal with from day to day. Nor are the many difficult and trying small details which are part of every situation accounted for here. The patient teaching of personal hygiene, home sanitation, child care, food values and the family's own responsibility, in the case of tuberculosis or any other communicable disease towards the community are the daily task of the public health nurse. As shown here only when this work is done on a family basis is it of any lasting value to that family or to the community.

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Metrazol Therapy for Schizophrenia

TRAVIS E. DANCEY, M.D., *and* INEZ E. WELLING, Reg. N.

Verdun Protestant Hospital, Montreal

One hundred years ago, Burrows utilized camphor for the production of convulsions in psychotic individuals. Although one patient recovered, he later relapsed and the method was practically forgotten. A few years ago, Meduna of Budapest, noting the dissimilarity between schizophrenics and epileptics and the rarity with which both diseases were present in the same person, began searching for a relatively harmless drug, which would produce seizures when administered; he thought convulsive seizures artificially induced might modify schizophrenic symptoms. After preliminary animal experimentation with intramuscular injections of camphor in oil, he began treating schizophrenic patients. He later found cardiozol (metrazol) to be preferable and since 1933 has treated a large number of patients with remarkable success.

When one realizes that one-fifth of the beds in all the hospitals in Canada are given over to the care of schizophrenics, and that Albert Deutsch, (author of "The Mentally Ill in America",) after a prolonged and careful study came to the conclusion that only six per cent of these individuals recover, the gravity of the problem is manifest.

At the Verdun Protestant Hospital we first began convulsive therapy for schizophrenia in September 1937, and at that time employed the technique described by Freidman of Ossining, N. Y., given us by a personal communication. This consists of intramuscular injections of camphor in cotton seed oil for a period of three weeks, followed by intravenous injections of a 10 per cent solution of metrazol until the patient has had at least twenty major convulsions. Of late we have discontinued the use of camphor and are content to produce the requisite number of convulsions by means of metrazol alone.

This drug is available in 3 c.c. ampules and in powder form. The latter is less expensive and when prepared in a 10 per cent solution is very satisfactory. Our method is to have the powder carefully weighed and dissolved in the requisite amount of sterile, distilled water, filtered and autoclaved for 15 minutes. Under aseptic conditions the solution is syringed into 10 c.c. rubber-topped bottles and sealed with collodion. These bottles are first prepared by washing in green soap, rinsing and boiling, finally rinsing in sterile distilled water and autoclaved. The bottles are then labelled and stored in the icebox to be used as required. We usually make up a sufficient amount to last one week. By using this method there is practically no waste as there is when an ampule has been opened and partly used, then discarded.

Prior to the administration of metrazol, it is important that the patient be in good physical condition. On the morning of the initial injection the patient is given no breakfast and is kept in bed in as quiet a state as possible. The skin is prepared over the median vein of the forearm and 5 c.c. of the metrazol solution injected as rapidly as possible through a No. 18 gauge needle. If the desired reaction occurs, it consists of the following: ten to twenty seconds after the injection the patient usually coughs and a terrified expression appears on the face; there are then a few severe clonic con-

tractions followed by the tonic phase which is always ushered in by a wide yawn. Sublaxation of the jaw has been noted as a rarity. This phenomenon is made use of for the insertion of a mouth gag since almost immediately the jaw closes with great force and, otherwise, damage may be done to the tongue. After thirty to fifty seconds, the tonic phase is replaced by further severe clonic spasms which rapidly disappear leaving the subject in a deeply unconscious state. There is usually marked pallor, followed by cyanosis. The patient gradually awakens in from five to thirty minutes but is very confused for a time. The actions are similar to those seen in an epileptic after a convulsion and vary from a helpless confusion to actual violence. Nausea and vomiting occur but by no means in every instance, some patients being ravenously hungry. Rest in bed for three or four hours after the convulsion is essential.

If 5 c.c. is not enough to produce the desired major seizure, a *petit mal* attack may take place and is usually followed by a terrified confused state in which the patient may injure himself or others unless watched. If the above occurs, then the following day 6 c.c. of the solution is given, increasing 1 c.c. daily until a major seizure is produced. One of our patients required 9 c.c. before a convulsion occurred and then gradually developed a tolerance until finally 14 c.c. was necessary. This relative tolerance is seen in practically every case. A day of rest is given following a convulsion when the patient should be dressed and, if possible, receive any benefits the hospital has to offer along the lines of occupational therapy. The contraindications for treatment are (1) elevation of temperature or intercurrent illness; (2) menstruation.

Aseptic preparation of solution

The majority of these patients who have received metrazol therapy were very difficult to nurse before treatment. Many of them were hallucinated and because of this were noisy and violent. Others were mute and negativistic. Some were depressed, stubborn and resistive, and frequently incontinent. Most of them slept poorly and required large doses of sedative. One patient in particular complained bitterly of frightful dreams, which appeared nightly. Some of the stuporous patients refused to eat or even take water; their throats were parched and they suffered from a degree of malnutrition although they were tube fed daily. The retention in the month of saliva in the stuporous schizophrenics

with attendant dangers, risk of infection, etc. is difficult to combat by the nurse; the betterment in this condition alone caused by treatment is important for the patients' welfare.

After the first few treatments improvement appeared and progress demonstrated by the following observations of the ward nurses:

The patients began to eat immediately and ravenously when food was placed before them and therefore rapidly gained weight.

They became progressively cleaner in their habits. At first it was necessary to take them to the lavatory, later they went of their own accord.

They then began to show some interest in their surroundings, and their personal appearance. They asked for baths, bathed themselves, combed their own hair and cleaned their teeth. They also began to show an interest in those about them.

They began to talk to the other patients and to the nurses, whereas formerly they were antisocial.

When given magazines, they showed an interest in the pictures and illustrations.

They then asked for and apparently read the newspapers and magazines.

They gradually developed a more cheerful outlook on life in general. For the first time they were willing to admit the possibility of recovery and their ability to return to their outside interests again.

They finally became fully co-operative with all nursing procedures so that nursing difficulties have been minimized.

The following is an extract from a letter from a patient receiving treatment at the present time, having already had fifteen major convulsions:

To begin with, I'll tell how I felt before I had any treatment. I was very quiet, never felt like doing anything at all. I was always sleepy, never felt like talking to anyone. I was a complete washout, why even singing, I cut out. I stopped going to see my girl friends; even shows I didn't care for; however, all that is changed since I have had my treatment. Let me start at the beginning. I naturally dread the doctor coming up in the morning but once he gets here, I don't put up a fight because I know it's no use so I just give right in. The first thing I feel when the doctor gives the treatment, is the needle in my arm, and my fists closing tight, also my eyes, then I get the queerest sensation through my body. When I get up, I am in a daze for a while. I don't know where I am. I feel nauseated. I vomit. After that I feel much better. Now that tells you how the treatment makes me feel. Now I will tell you, what the treatment has done for me. I said in the beginning how quiet, sleepy and altogether hopeless I was, well, all that is completely changed now. I feel a hundred per cent better. It's pretty hard to tell exactly how I feel, because I feel very normal. I always feel like talking, singing, whistling or laughing, whatever the case may be. This is just when necessary of course. I have a much pleasanter disposition and I am easier to get along with. I feel altogether better. Another thing is my strength. I have much more energy and I always feel lively. I feel just as good as I did last Summer, if anything, better, and I hope I will be able to go home very soon.

To sum up — in spite of the fact that this treatment has only been carried out for a period of seven months, it is encouraging to realize how it has altered the picture from one of difficult nursing and seeming hopelessness to one of comparatively easy nursing, and hastened restoration to a normal living.

THE EDITOR'S DESK

"Preparation and Peace"

The leading article in this issue of the *Journal* conveys an appeal made by the President of the Canadian Nurses Association to the nurses of Canada. She asks that we signify our willingness to serve in case of either war or other disaster and that we enrol in an orderly manner so that we may be located easily if our services are needed. If you will turn to *Notes from the National Office* in this issue of the *Journal* you will find, under the caption of "Emergency Preparedness", a clear explanation of the functions of the National Joint Committee on Enrolment of Nurses for Emergency Service. It is by means of this Committee that we can be summoned, without confusion or delay, when an emergency arises.

The President makes it very clear that we cannot ignore this call because we do not believe in war. Peace-loving people do not go to war. Modern warfare seeks them out, in the places where they work, on the streets, in their schools, in their homes. No one is safe; old people, women and children, least of all. There is no choice about "going to war" any more and very little warning. *War comes where you are.* All that can be done is to prevent and to mitigate suffering as far as medical and nursing skill permits. That is our high privilege and, if we choose not to exercise it, by that very choice we cease to be nurses at all.

The Nightingale Foundation

Two pages in this *Journal* deal with two different aspects of the Nightingale International Foundation. One of them announces the conditions under which the scholarship offered annually by the Canadian Nurses Association is awarded. The other is devoted to an appeal for the funds which make that scholarship possible. Every year, the educational opportunities available under the auspices of the Foundation broaden in scope and increase in value. Who aspires to be "Canada's International" in 1939? The best nurse we have is none too good for she must hold her own in a picked group selected from the nations of the whole world.

Readers' Guide

In "Billy and his family", Miss Huilota S. Dykeman combines a keen appreciation of social values with distinct charm. In spite of the lightness of touch, this article is nevertheless a searching indictment of our present social order. △ Some of the most stimulating and original articles which have recently appeared in this Journal have been written by physicians and nurses who care for the mentally ill. In this issue, Dr. Travis E. Dancey, medical superintendent of the Protestant Hospital, Verdun, and Miss Inez E. Welling, superintendent of nurses, describe in a most interesting manner, the use of metrazol in the treatment of schizophrenia.

Fraudulent Agent!

The *Journal* has received word that a fraudulent "agent" is soliciting subscriptions for *The Canadian Nurse* in the Maritime Provinces. He falsely claims to be a representative of the MacLean Publishing Company and offers the *Journal* at "a special reduced rate of $1.00 per year". Once more we repeat that old refrain: *The Canadian Nurse* employs no "agents" and offers no "bargains". Give no money to these impudent impostors and notify us at once if you are approached by them.

APPOINTMENTS

Miss Myrtle MacMillan has recently accepted an appointment as superintendent of the McKellar General Hospital, Fort William, Ontario. For the past nine years Miss MacMillan has been superintendent of the General Hospital, Glace Bay, Nova Scotia, and under her capable direction, both the hospital and the school of nursing have made great progress. During the Great War, Miss MacMillan served in several zones, including France, Belgium and Egypt. She was mentioned in despatches and received the A.R.R.C. medal. Shortly after her return to Canada she was appointed Matron of the Ste. Anne de Bellevue Military Hospital. Miss MacMillan holds the certificate, granted by the McGill University School of Nursing, in administration in hospitals and schools of nursing. She is a woman of many interests, including golf, gardening, and music.

The McKellar General Hospital is a rapidly growing institution in an important city and now has 225 beds. Its directors are to be congratulated upon securing the services of such a capable administrator.

VICTORIAN ORDER OF NURSES

TRANSFERS:

Miss Christine MacArthur, transferred from Fredericton to Huntsville; Miss M. Anderson, transferred from Toronto to Guelph; Miss Rolande Blais, transferred from Border Cities to Kirkland Lake; Miss Edith Railton, transferred from York Township to Fredericton; Miss Helene Snedden, transferred from Montreal to Hamilton; Miss Amy Holden, transferred from Halifax to Newcastle.

ADMISSIONS:

Miss Mona Kissack, appointed to Chatham; Miss Lois Black, appointed to York Township; Miss Della Thompson, appointed to East York.

RESIGNATIONS:

Miss Margaret Perley, resigned from York Township; Mrs. E. V. LeBlonde, resigned from Kirkland Lake; Miss Annie J. Anderson, resigned from East York; Miss D. LaBrosse, resigned from Lachine; Miss Okal Mather, resigned from Huntsville; Miss Claire Rochez, resigned from Lachine and on leave of absence from the Victorian Order of Nurses for Canada; Miss Elizabeth Reed, resigned from Newcastle Branch and on leave of absence from the Victorian Order of Nurses for Canada.

HONOURED BY ACADIA

Not long ago, Acadia University, situated in Kentville, Nova Scotia, celebrated its hundredth anniversary. To mark the historic occasion, honourary degrees were conferred upon several distinguished graduates, among them being Laura Rebecca Logan, a Canadian by birth, although her professional career has been spent in the United States. Miss Logan has served successively as Director of the School of Nursing of the University of Cincinnati, Dean of the Illinois School for Nurses, superintendent of nurses in the Cook County Hospital, Chicago, and is now director of the School of Nursing of the Boston City Hospital. In all these responsible tasks Miss Logan has displayed executive ability of a very high order. Furthermore, she has consistently and courageously upheld good standards in nursing education.

ANNUAL MEETING IN ALBERTA

This year the Alberta Association of Registered Nurses decided that its annual three-day convention should take the form of a refresher course as well as that of a business meeting. Accordingly, on the morning of October 5, seventy-five registered nurses arrived from far and near at the Provincial Mental Hospital, Ponoka. They had come in the de luxe chartered buses to attend lectures and clinics arranged by the medical and nursing staff of this Institution. We were welcomed by the superintendent of nurses, Miss C. Jackson and the medical superintendent, Dr. McLean and conducted on a tour through the institution. In the spacious staff dining room a delicious and substantial luncheon was served and much enjoyed and the afternoon was devoted to psychiatric clinics with presentation of cases. This commenced with a talk outlining the common types of psychotic states by Dr. McLean, followed by a concise description of schizophrenia, ably done by Dr. McGugan who, without causing apparent embarrassment to the patient, presented four typical cases. In turn the same thing was done for three other conditions, namely, catatonic, paranoid and hebephrenic, by Dr. McPherson, Dr. Hamilton and Dr. Pearson. These were most instructive as well as impressive. We were much interested in the schizophrenic patients since we had been permitted to watch the effect, demonstrated by Dr. Schragg, of two recently introduced types of treatment, namely, insulin shock and metrazol. These demonstrations were conducted without confusion or delay. Surely the wheels of the organization are kept oiled to produce such smooth teamwork.

We proceeded to Calgary that evening carrying away memories of delightful hosts. The second morning was spent listening to illustrated lectures by three medical experts from the southern part of our Province, Dr. H. H. Stephens, Dr. E. P. Scarlett and Dr. A. Somerville. All were stimulating. Dr. Scarlett paid a real compliment to the nurse when he referred to her intellectual curiosity and expressed satisfaction that the doctor-nurse relationship is becoming 'a disinterested partnership on a scientific basis.' His survey of heart disease made us wish to hear him again, —soon!

Kate S. Brighty
President, Alberta Association of Registered Nurses

Miss Agnes Macleod, Director of the School of Nursing, University of Alberta and Adviser to Schools of Nursing in Alberta gave a most interesting report on the work of the Inspection Committee. Encouraging features noted

in Alberta Schools of Nursing include: (a) An increase in the number of qualified instructors and in the size of the general duty graduate staffs. (b) One school has limited the ultimate number of graduates by admitting only one class yearly rather than two classes. Considerable discussion relating to the *Proposed Curriculum*, clinical teaching in schools of nursing and continued exploitation of students in hospitals, grew out of this report, the first to be received from Miss Macleod, and a very significant one. Later, a resolution proposed that our School of Nursing Adviser be requested to confer with hospital boards and medical superintendents to seek their co-operation in the establishment of principles of education in our Schools as outlined in chapter 7 of the *Proposed Curriculum*.

Much work has been done during the year by the Legislation Committee. Compulsory registration of nurses throughout the Province and the elevation of admission standards are two matters under consideration.

We were indebted to Dr. Sansom of the Calgary Normal School for the address entitled "A Theory of Morals", delivered at a luncheon arranged by the Calgary Graduate Nurses Association. The Alumnae Association of the School of Nursing of the Calgary General Hospital arranged a delightful tea at the Red Cross Hospital, where we had an opportunity to see the splendid work that is being carried on in that institution.

Our President, Miss Kate Brighty gave a most interesting report of the Biennial Meeting of the Canadian Nurses Association and made us regret anew our absence from that assembly. We are glad that we again have Miss Brighty as our President since few can so clearly analyze or as keenly appreciate our particular problems, nor so readily find solutions for them. It is hoped that each delegate and each member returned home with greater determination to accept and meet the challenge of nursing in general and of her own 'job' in particular.

JEAN DAVIDSON

OBITUARIES

MARGARET KENNEDY FINLAYSON, a member of the graduate staff of the Brandon General Hospital died recently after a long illness. Miss Finlayson was a graduate of the School of Nursing of the Brandon General Hospital and a member of the Class of 1917. She was a valued member of the Brandon Graduate Nurses Association and was respected and beloved by her associates.

ELIZABETH BERRY, a member of the Class of 1928 of the School of Nursing of St. Paul's Hospital, Vancouver, died on August 12, 1938, after a short illness.

ISABELLE INNES, a graduate of the School of Nursing of the Chemainus General Hospital, died on August 18, 1938. Miss Innes served overseas from 1915 to 1918 during the Great War.

WINNIFRED (CROSSLING) THEW, a member of the Class of 1927 of the School of Nursing of the Vancouver General Hospital, died recently.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Executive Committee

A meeting of the Executive Committee of the Canadian Nurses Association was held in Vancouver, B. C., on September 24, 1938. The members present were: the President, Miss Fairley, in the chair; the chairmen of the National Public Health and Private Duty Sections, Miss Kerr and Miss Teulon; the chairmen of the Provincial Nursing Education and Public Health Sections, Miss Cavers and Miss Henderson; and the honorary secretary, Miss Kathleen I. Sanderson.

Following the General Meeting, the Standing and Special Committees had not yet become active, consequently progress reports from Committees were not available.

Miss Marion Lindeburgh, convener of the National Committee on Education, (C. N. A.), was appointed to represent the Association on the International Committee on Education (I.C.N.).

Interim reports from several provincial associations indicated some activity during the summer months: In *Alberta* arrangements were underway for a combined Refresher Course and Annual Convention, the former to be held at the Ponoka Provincial Hospital, and the Annual Convention, immediately following, in Calgary. In *British Columbia* plans were about completed to have a small travelling unit visit certain areas in the Province to assist nurses in remote places to see demonstrations of newer methods of nursing technique, also to become informed of the activities of the Provincial and National Associations. In *Prince Edward Island* preparations were being made for a Refresher Course. Since January 1, 1938, a twelve-hour duty for graduate nurses instead of the twenty-four-hour duty proved satisfactory. An eight-hour duty for student nurses in the Charlottetown Hospital went into effect on September 15, 1938. The Association of Registered Nurses of the Province of *Quebec* announced the award of two scholarships of $300.00 each; one to Miss Lillian Pettigrew to the School of Nursing, McGill University and one to Mlle Marguerite Fournier to l'Ecole d'Hygiène sociale appliquée in connection with l'Université de Montréal. In *Saskatchewan* the Registrar and School Adviser has accepted appointment as lecturer on the staff of the University of Saskatchewan and in charge of the Department of Nursing at the University.

In the light of correspondence between the president of the Canadian Nurses Association, the president of the Registered Nurses Association of Ontario, and the chairman of the local arrangements committee for the International Hospital Congress in Toronto, September 1939, the Executive Committee reconsidered a decision made at a previous meeting. As the Registered Nurses Association of Ontario was able and willing to co-operate and to organize a pageant as proposed by the Local Arrangements Committee, the Executive Committee recorded its willingness to sponsor the pageant. The arrangements committee had assured the national Association that funds would be

available to permit of a production that would do justice to the nursing profession and to the importance of the event.

As the annual meeting of the New Brunswick Association of Registered Nurses was held on September 20 and 21, a report of that meeting could not reach Vancouver for the Executive Meeting. From the report of the Secretary, Miss Retallick, addressed to the National Office, the editor has prepared a news story of the annual meeting in New Brunswick which appears elsewhere in this issue.

Emergency Preparedness

The National Joint Committee on Enrolment of Nurses for Emergency Service represents the Canadian Red Cross Society and the Canadian Nurses Association in the endeavour to have an orderly and ever ready system of enrolment of nurses for any emergency. Early in 1927, representatives of these two national organizations conferred with the Director General of Medical Services in Ottawa, then later a plan of enrolment was drafted, which received the approval of the Federal authorities. Enrolment is promoted through the co-operative effort of the Provincial Associations of Registered Nurses and the Provincial Divisions of the Canadian Red Cross Society. Each year the provincial lists of nurses who have indicated their willingness to be ready for emergency call are forwarded to the National Office of the Canadian Red Cross Society. The latter then compiles a complete list of all volunteer nurses which is sent to the Department of National Defence. This arrangement should assure the authorities, responsible for securing nurses for any emergency, an adequate, efficient nursing service.

During those world-wide anxious days of late September, the members of the Executive Committee of the Canadian Nurses Association were gravely concerned as they recalled the incompleteness of the organized enrolment of Canadian nurses for emergency service. The biennial report (1938) of the National Joint Enrolment Committee clearly revealed the lack of support to the Enrolment Plan by the members of the Provincial Associations: the report stated total enlistment to be less than two-thirds of the agreed quota.

Due to the seriousness of the situation, the President, Miss Grace M. Fairley, was ready to call an emergency meeting of the Executive Committee of the Canadian Nurses Association, when the result of the Munich Conference was made known. The President states that the result of such an emergency meeting would undoubtedly have been the re-iteration on the part of the Canadian Nurses Association to the Government of its willingness to serve, if necessary, and reminding the Department of National Defence of the permanent enrolment of nurses for emergency service under the National Joint Enrolment Plan.

The leading article in this issue is a message from the President which should awaken in each nurse her individual responsibility toward the organised plan by which Canada should be able to depend upon her nurses in any emergency.

The National Joint Committee on Enrolment (1938-1940) consists of the following representatives appointed by the Canadian Red Cross Society: Mrs. H. P. Plumptre, Dr. J. T. Phair and Miss Jean E. Browne, of Toronto; those appointed by the Canadian Nurses Association are: Miss Grace M. Fairley, President of the Canadian Nurses Association; Miss Isabel McEwen, Miss Irene Weirs and Miss Edna Howey, of Toronto.

Co-operative Effort

The Canadian Nurses Association acts jointly with the Canadian Red Cross Society in the Canadian Florence Nightingale Memorial Committee. This committee is the instrument by which Canada becomes a participant in the Florence Nightingale International Foundation; a memorial to the Founder of Modern Nursing. The Committee was first organized in 1936. Its duties were enumerated in these *Notes* in the September number of the *Journal*.

Representing the Canadian Red Cross Society on the Committee for 1938-1940 are: Mrs. H. P. Plumptre and Miss Jean Gunn, Toronto, and Mrs. D. J. Thom, Regina, Saskatchewan. The Canadian Nurses Association's representatives are: Miss Ruby M. Simpson, Regina (chairman); Miss Grace M. Fairley, Vancouver; Miss Elizabeth L. Smellie, Ottawa; and Miss Jean S. Wilson, Montreal, (secretary-treasurer).

C.N.A. Nightingale Memorial Committee

At each biennial meeting, the Canadian Nurses Association appoints a Florence Nightingale Memorial Committee which is responsible for raising of funds in support of the Florence Nightingale International Foundation as pledged by the Association. The Committee consists of a convener and a representative of each Provincial Association. It is hoped the personnel for 1938-1940 can be announced in the next issue of the *Journal*.

Nightingale Memorial Fund

A donation to the Florence Nightingale Memorial Fund has been received from:

Graduate and Student Nurses, The Ontario Hospital, Kingston $30.00

ANNUAL MEETING IN NEW BRUNSWICK

The twenty-second annual meeting of the New Brunswick Association of Registered Nurses was held on September 20 in the Admiral Beatty Hotel, Saint John, with the president, Mrs. G. E. van Dorsser, in the chair. The total registration of delegates numbered 148. Greetings from Miss Grace M. Fairley, president of the Canadian Nurses Association, were enthusiastically received, and many messages from absent members were also read. A hearty welcome was extended by His Worship Mayor MacLaren and was graciously responded to by Miss MacMaster.

The report of the Secretary-Treasurer-Registrar was presented by Miss Retallick, and reflected the numerous activities of the Association. In January of this year, 661 members were in good standing, and 602 members had already paid their fees for 1938. The auditor's report showed the finances of the Association to be in a prosperous condition.

During the last twelve months, Miss Retallick visited twelve of the schools of nursing in the Province. Great interest is being shown in the study of the *Proposed Curriculum* and an effort is being made to put its recommendations into practice as far as circumstances permit. Ten schools employ full-time instructors, five of whom have graduated from special university courses;

five hold teachers' certificates and have had experience in public schools. Graduate dietitians are on duty in five schools, and one school has remodelled its dietetic department. More graduate nurses are being employed for bedside nursing, and ward helpers have been placed on duty in the wards of two hospitals.

One school has the eight-hour day for student nurses already in operation, and another expects to adopt it before the year is ended. Two new residences have been opened during the past year but increased accommodation is plainly the need in other centres. Teaching hours have been increased and methods have improved. The addition of the visual method by the use of films has been noted, and text and reference books are receiving close attention. Affiliations are maintained with hospitals in Montreal which offer courses in contagious disease, obstetrics, gynecology and pediatrics. The Tuberculosis Hospital in East Saint John offers a valuable affiliation in this branch of nursing.

Excellent reports of the Biennial Meeting of the Canadian Nurses Association were presented by the three official delegates, Misses B. M. Hadrill, Mabel McMullen, H. T. Morrill.

The report of *The Canadian Nurse* was presented by Miss Lois Smith, convenor of the Committee. Recommendations for increasing support were: (a) that the Secretary-Registrar should send out leaflets on the order of the "Live Wire" type to all nurses who receive provincial registration and membership; (b) that each member who is already a subscriber should endeavour to secure another subscriber. These suggestions were approved. The reports of the various Chapters showed a wide range of activities and were presented from Fredericton, Moncton, Saint John, and St. Stephen.

The evening session took the form of a delightful dinner held at the Ridgewood Golf Club. The guest speakers were Dr. A. S. MacFarlane, Chief Superintendent of Education of the Province, who spoke on modern trends in education, and Dr. J. M. Barry, Chairman of the Examining Board, who spoke on the eight-hour day for nurses.

Comprehensive reports were received from the three sections. Sister Kerr, convener of the Nursing Education Section, indicated that progress was being made in education throughout the Province. Miss Redmore, in the absence of the convener, Miss Kathleen Lawson, presented the report of the Private Duty Section. This advocated refresher courses, specially planned for private duty nurses, and also suggested that compensation should be paid to private duty nurses, who are members of the council of the Provincial Association, for loss of income incurred by attendance at council meetings. Regret was expressed that New Brunswick is the only province which still permits twenty-four hour duty on hospital cases. Miss A. Burns, convener of the Public Health Section, reported that a total of 33 public health nurses are being employed in the Province, 15 of whom are in Saint John, 5 in Moncton, 2 in Fredericton, the remainder being distributed by single appointment in other districts. The activities of the Committee on Instruction were reported upon by its convener, Miss Marion Myers, who urged that better co-operation should exist between schools of nursing and high schools. Miss Myers also read an excellent account of the Refresher Course held at the McGill University School of Nursing early in the year. Miss Florence Coleman, until recently convener of the provincial Nightingale Memorial Committee, stated that all obligations undertaken with respect to this project have been met.

The afternoon session was devoted to unfinished business and the election of officers. The following interesting resolution was approved: "that the New Brunswick Association of Registered Nurses should offer a scholarship of $250.00, for an academic course, to a qualified nurse for one year and that a committee be appointed by the incoming Executive to arrange for qualifications and selection of candidate". In reply to a communication from the Executive Secretary of the Canadian Nurses Association, it was decided to appoint a provincial committee to study the establishment of the eight-hour day for nurses. This committee will co-operate with the national committee appointed for this purpose. The personnel of

the provincial committee is as follows: Miss Mabel McMullen, St. Stephen, convener and representative from the province on the national committee; members: Rev. Sister Kenny and Miss Murdoch.

Miss Maude Retallick was re-appointed as Executive-Secretary and School Visitor, and a standing vote of thanks was accorded her as she entered upon her fifteenth year of service to the Association. An invitation to hold the next annual meeting in Fredericton was unanimously accepted.

The election of officers resulted as follows: president, Mrs. G. E. van Dorsser, Health Centre, Saint John; first vice-president, Miss A. J. MacMaster; second vice-president, Mrs. A. G. Woodcock; honourary secretary, Rev. Sister Kenny. Conveners of Sections and Committees: Nursing Education Section, Rev. Sister Kerr; Private Duty Section, Miss Myrtle E. Kay; Public Health Section, Miss A. A. Burns; Legislation Committee, Miss Bertha L. Gregory; *The Canadian Nurse* Committee, Miss Lois Smith. Councillors: Fredericton, Miss Edith C. Brown; Moncton, Miss Sybil Everett; Newcastle, Miss B. M. Hadrill; Saint John, Miss Marion Myers; St. Stephen, Miss Mabel McMullen and Miss C. M. Boyd; Woodstock, Miss E. M. Tulloch.

A most successful meeting was concluded with the singing of the National Anthem, and the members then attended a delightful tea as the guests of the Saint John Chapter of the Registered Nurses Association of New Brunswick.

Editor's Note: This "news story" has been compiled from the excellent report submitted by Miss Maude E. Retallick.

CLARITY AND COMMON SENSE

Nurses who attended the Biennial Meeting of the Canadian Nurses Association (and those who read this *Journal*) are aware that a Brief was submitted by the Canadian Nurses Association to the Royal Commission on Dominion-Provincial Relations. This document was presented personally to the members of the Commission by Miss Jean I. Gunn and, in addition to a statement concerning the general status of nursing in Canada, outlined the attitude of our national Association toward Health Insurance. The full text of the Brief will be found on p. 371 in the July number of the *Journal*.

At the Biennial Meeting, when reporting for the committee on health insurance and nursing service, Miss Gunn said that the Brief had received a careful and courteous hearing from the Commission. In addition, there has been some favourable comment in the newspapers upon its clarity and common sense. The article here quoted was written by Kennethe M. Haig and appeared in *The Winnipeg Free Press*. The tribute paid to the contribution made by nurses to public health is extremely gratifying.

When the Royal Commission on Dominion-Provincial Relations packed its first bags it probably included along with headache remedies, a copy of the B.N.A. Act, but it scarcely could foresee that its meetings would be the background of numerous family arguments including Dominion Health

Services. Yet this presentation revealed, not agreement, but the curious circumstance that amid rampant disagreement, a health service set-up is slowly coming into being . . . In almost all the provinces provision has been made, with the full accord, and indeed upon pressure from the profession, for medical care for persons on relief. The cost of this item for instance in this City is rising to such proportions—one hundred and fifty thousand dollars—that of its own weight it is forcing consideration of some system of insurance.

In the meanwhile, apart from the situation in regard to relief cases there are certain departments building up within the profession which must have definite repercussions along this line. For years, for instance, there have been the Dominion and Provincial departments of health which, as they grow in effectiveness, have taken over widening territory especially in the preventive field. Manitoba's department, with the blessing and assistance of the medical association, is engaged upon the instituting of a study into the maternal mortality rate here. The intention is, of course, to find the cause of such deaths and as far as possible banish them, thus lowering the motherhood risk. True the initial impetus for this action came, not from within the Province, but had its genesis some years ago in a Dominion survey report, which gave Manitoba not too proud a place, in the not too proud Canadian record. It is mainly women's organizations which have not allowed the issue to die.

Another outstanding factor in this Province having an influence, probably unconscious, in public health education, is the Sanatorium Board of Manitoba with its sanatorium at Ninette, the Central Tuberculosis Clinic and the Tuberculosis Travelling Clinics. It is teaching patients, patients' families, and whole neighborhoods their responsibility towards one phase of public health. It is also teaching the medical profession, whose good will and co-operation it has, what such a provincial service may do. Its whole philosophy is, not to interfere in the individual physician's field, but to offer its facilities as an extension of that field.

Beyond a doubt that is the philosophy upon which the most effective system of public health services must be built. In no field more than the medical do the special gifts of the individual physician count both for the doctor and the patient. Equally in no field is there a closer relationship, for good or evil, between the individuals concerned and the community in which they live.

Curiously enough the full weight of these implications is realized by the registered nurses' organizations, whose Canadian Association placed before the Dominion-Provincial Relations Commission, a brief, lucidly setting forth the public health situation as it is viewed by the nursing profession, but mainly not as the situation affects its membership, but as it affects the public. It points out there are 20,000 registered nurses in Canada, sufficient to give adequate nursing care for all who require it. There is, however, a difficulty of distribution both of individual nurses and of nurses' services, as among urban communities themselves, and as between urban and rural communities. There is, too, the economic factor.

In its recommendations the brief suggests that before Health Insurance is applied, there be complete survey of all health services; that the preventive aspect be stressed; that any set-up include provision for nursing service; and that the organized profession be consulted on all classes which concern the nursing aspects of the plan.

Since already any public health services whether governmentally undertaken or at the instance of private philanthropy, are deeply and continuously indebted to the nursing profession, and since it is doing more, much more, than any other one set of persons, in the field of public health, these recommendations, if they err at all, do so on the side of modesty.

The Nurses' Association should not have to ask that its representatives should be included in the personnel discussing Health Insurance. Any government, Dominion or Provincial, thus deciding to extend its field, has here ready to hand a body of citizens who know by actual experience the subject under discussion. Even in governmental circles this should not be a disqualification.

STUDENT NURSES PAGE

IS SOMETHING BURNING?

Just a year ago, in November, 1937, the Journal published an article by Esther E. Lewis, health adviser and public health instructor in the School of Nursing of the Montreal General Hospital. Under the disarming title of "Getting on with our Knitting", Miss Lewis described the pioneer methods by which the integration of public health in the undergraduate course was being initiated in that School. The authors of "Is Something Burning?" are Miss Phyllis Coulter and Miss Audrey Ellis, student nurses in their second year, who have had the benefit of the preliminary course in health education and now proceed with the more advanced course in which emphasis is placed on the teaching function of the nurse. The object of this course is to help the student to understand how learning takes place, and to encourage her to seek opportunities for giving health instruction to hospital patients. It also (as in the present instance) gives the student actual experience in the art of teaching. This article is entirely original except for the supervision necessary to ensure the accuracy of findings.

One of the most satisfactory opportunities to teach patients in hospital how to do things at home is when one is carrying out a treatment of some kind. First of all the patient is concerned with her own return to health, and is therefore interested in learning how to assist with procedures which will hasten her recovery. Secondly, the nurse can demonstrate and at the same time actually observe, from the reaction of the patient, which steps need clarifying. A lesson of this sort is also satisfying because the learner can practise under the supervision of the teacher till each feels confident that skill has been acquired.

To illustrate the use of opportunities of this kind we chose as our project the sterilization of dressings by the patient in her own home. Many patients on discharge are in need of continued surgical treatment and, though a visiting nurse may be called for this care, active and intelligent participation by the family helps both patient and nurse. Therefore, during our course in Methods of Health Education, two of us undertook to demonstrate, to our own class group, the giving of instruction to a convalescent patient on home sterilization.

Through consultation with the Victorian Order of Nurses, we found that the easiest and probably the most satisfactory way for the average person in the home to sterilize her dressings is in the oven. The V.O.N. supervisor was interested in our using this as a class project, and suggested that a bacteriological test of the dressings after baking might be valuable and interesting. Miss Coulter began the demonstration by explaining the different purposes for which sterile dressings may be needed in the home, and by drawing our attention to the many opportunities we have of sending patients home equipped with the knowledge that they need. She assembled the necessary articles, empha-

sizing the need of general cleanliness and suitable space for working. Having washed her hands thoroughly, the demonstrator spread a clean towel on the table. She showed how to fold the squares of gauze into dressings, then cut a small square from one of them and placed it in a flask of sterile broth, following the technique learned earlier in our bacteriology laboratory work. This flask was labelled "A" by way of identification. Miss Coulter then proceeded to wrap the dressings in a double thickness of factory cotton large enough to ensure complete covering. She said that clean old cotton, or even brown paper, with an inner wrapping of thin blue paper such as is used on absorbent cotton rolls, might be used as substitutes. She explained that from six to eight dressings were sufficient for one package, allowing the heat to penetrate easily, and making it easier to keep the package sterile when opened for use.

From this point, Miss Ellis carried on the demonstration, putting the package into the centre of the oven, above a shallow pan of water. The oven was to be heated to 350° F for one hour, and the water to be removed at the end of the first half hour, to allow thorough drying. They dried only too well! Our class on Health Education, which had been proceeding in the meantime, was warned by a strange odour—and when we looked in the oven our dressings were black! Miss Ellis had told us that when the oven had no heat indicator the patient could be instructed to use a moderate oven, "hot enough to bake a cake". The length of time the bundle was to be left in the oven could be judged by its wrapper turning slightly brown! Our sad experience taught us that 350° F was too hot, and also that we must warn our pupils against accidents.

Anxious to complete what we had undertaken, and feeling sure that we had learned from experience, we repeated the experiment when off duty that evening. This time the oven was regulated at 250° F and we had great success! Removing the dressings from their covering with sterile forceps, Miss Ellis placed them on a sterile towel, and with sterile scissors cut a square from the gauze which had been cut by Miss Coulter. This was placed in a flask "B" (similar to flask "A") then both flasks were incubated in our teaching floor science laboratory incubator and, in 48 hours were sent to the department of pathology for culture. Agar plates were also poured from these flasks and cultured. In appearance, flask "A" was cloudy, while flask "B" remained perfectly clear. Plate "A" showed a growth of several colonies while plate "B" showed none. Microscopic examination of slides demonstrated the presence of bacilli subtilis in the cultures contaminated with the gauze which had been handled before sterilization. The absence of organisms in the media containing gauze which had been inserted after exposure to oven heat at 250° F for one hour, showed that anyone who sterilizes dressings in her oven at home may be just as safe as a hospital patient, provided she uses care in not contaminating them afterwards. Bacilli subtilis, while not very harmful, are found in soil, dust, plants and on the skin. The discovery that they had been on the hands of the nurse who prepared the dressings, even though she had washed them thoroughly, proved to us that cleanliness alone is not sufficient to ensure protection.

In giving the demonstration we not only had lots of fun, but we satisfied our curiosity and demonstrated to the nurses how they can be sure of sterile dressings in the home for their own use, and how to go about teaching their patients the same procedure.

Book Reviews

EMOTIONAL HYGIENE, The Art of Understanding, by CAMILLA M. ANDERSON, A.B., M.D., Assistant Professor of Nursing Education, Duquesne University, Pittsburgh; Special Lecturer in Mental Hygiene, Department of Nursing Education, University of Pennsylvania. Cartoons by Dorothy G. Stevenson. Published by the J. B. Lippincott Company, Canadian Office, Medical Arts Building, 1538 Sherbrooke Street, West, Montreal, Que. 239 pages, with index. Price, $2.50.

The psychological adjustments which are demanded from student nurses in the unfamiliar environment of a modern hospital are both complicated and difficult. All too frequently these young women are thrust into situations in which they find themselves bewildered and discouraged. Discipline, and a fear of being laughed at, prevent them from seeking sympathy and guidance. Here, at last, is a book which may safely be placed in their hands to serve as chart and compass.

In the preface, the author defines the aim of emotional hygiene thus: "Emotional hygiene seeks to co-ordinate the relationships between reality and our inner urges and drives, thereby preventing those imbalances which utterly ravage and impoverish living. It creates values, not things; qualities not quantities. It may be caught rather than taught". Dr. Anderson indicates that while her book concerns itself more with understanding than with science, it nevertheless does participate in the high adventure of prevention of the commonest of all illnesses—emotional maladjustment. Popular in style, and amusingly illustrated, it makes easy reading, but beneath the surface there runs a deep current of clear thinking and sound psychological reasoning.

The book is composed of three units, (1) the biologic and social bases of behaviour; (2) personality and adjustments; (3) the emotions in relation to special fields. The second unit is particularly well done and the psychological portraits, sketched in a few lines, are almost disconcertingly vivid. If you are in a position of authority here is a chance to look at yourself in a mirror which, while it does not distort, does not flatter. The book, as a whole, is frank, fearless, and distinctly modern in its approach. A delightful vein of humour runs although it and it is refreshingly free from any trace of mawkish sentiment. Dr. Anderson says that she has tried to write "a prologue to understanding—the foundation of prevention". There can be no doubt that she has succeeded.

THE HOSPITAL HEAD NURSE, Her Functions and Her Preparation, by MARY MARVIN WAYLAND, A.M., R.N., Formerly Instructor, Lakeside Hospital School of Nursing, Cleveland Simmons College, Boston; and Department of Nursing Education, Teachers College, Columbia University; Director of Supervision, Bellevue Hospital School of Nursing, New York. Edited by Isabel M. Stewart, A.M., R.N., Professor of Nursing Education, Teachers College, Columbia University, New York City. Published by The Macmillan Company of Canada, 70 Bond Street, Toronto 2, Ont. 381 pages, with index. Price, $3.50.

At the recent Biennial Meeting of the Canadian Nurses Association a most stimulating address was given by Dr. H. B. Atlee on "The Future of Nursing". While suggesting some revolutionary changes in our present administrative and educational policies, he pointed out that none of these could come about without due consideration of "that most vital integer, the head nurse". He then mentioned, one after another, the many demands made upon her as an expert in nursing care, an administrator, a teacher, a counsellor and friend. In reply, the head nurse might well ask where she herself is to look for help and guidance, especially if post-graduate courses have to be delayed for a time and learning must be done "on the job". Certainly she will find in "The Hospital Head Nurse", by Mary Marvin Wayland, a broad conception of her task, and

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clear ideas as to how she should go about it.

Nurses fortunate enough to have taken the courses given by Mrs. Wayland (Mary Marvin at Teachers College and elsewhere, will note with pleasure the extent to which the book reflects the personal philosophy of the author. Another characteristic quality is the eminently practical application of guiding principles to actual ward situations. To quote one of her students: "Mary Marvin Wayland knows how it feels to be a head nurse on a busy Monday morning."

In Part One and Part Two the head nurse will find full information concerning the fundamentals of efficient ward management, but only one short chapter is devoted to the consideration of the head nurse as an expert in nursing. In the opinion of this reviewer, a more extended treatment of this topic would have been highly desirable.

The conception of the head nurse as a teacher as well as a ward manager has suffered from neglect in recent years. The increasing complexity of hospital administration has so added to her responsibilities that her function as a teacher has been thrust into the background. In Part Three, Mrs. Wayland presents a masterly analysis of the role which the head nurse should assume as a member of the faculty of the school of nursing. Her appraisal of the psychological value of ward teaching displays keen insight, based on actual experience. The chapter dealing with measuring and recording the student's experience and progress will be found extremely helpful and enlightening. In Part Four, this admirable volume advises the young nurse how to prepare for her work and by way of conclusion indicates how best she may continue to grow in service.

E.J.

NURSING, An Art and a Science, by MARGARET A. TRACY, R.N., A.B., M.S., Director, School for Nurses, University of California, and Collaborators. Published by The C. V. Mosby Company, Canadian Agents: McAinsh & Company, Limited, 388 Yonge Street, Toronto, Ont. 559 pages: 183 illustrations. Price, $3.75.

In a foreword to this volume, Annie W. Goodrich, Dean Emeritus, Yale University School of Nursing, makes this penetrating comment: "To be informed in nursing skills and procedures alone will not suffice; for efficient and acceptable functions in any branch of nursing, the twentieth century nurse must be technically expert, scientifically informed, and socially experienced. It is obvious that this three-fold demand imposes a heavy task upon nursing educators. That this textbook represents the combined consideration of the faculty of a school of nursing accords with the scientific and educational concepts of the day." Miss Tracy's collaborators have been drawn from the fields of nursing education, public health nursing, social service and the various nursing arts including obstetrics and pediatrics. The result is a well balanced and comprehensive treatise on the art and science of nursing. Enormous strides have been made

during the last ten years in all branches of medicine, and an almost breathless pace has been set to which nurses must strive to keep up. This book is timely because, in addition to a thorough and comprehensive review of basic nursing procedures, it also gives clear and authoritative information about new therapeutic measures which require an unusual degree of nursing skill.

It is significant that no less than 146 pages, profusely illustrated are exclusively devoted to the consideration of the nurse's share in diagnostic procedures. Little by little, we are tacitly permitted to assume functions which even ten years ago would have been considered to be the prerogative of the physician. Many of the techniques are difficult in themselves, and the interpretation of the results of various tests requires a background of scientific knowledge which physicians do not always encourage nurses to acquire. It might be salutary for some medical men to review these pages and to realize to what an extent they themselves are forcing nurses to enlarge the scope of their activities. An excellent chapter deals with medical asepsis, but the space devoted to the nurse as health teacher seems hardly adequate.

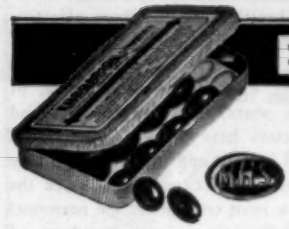
The illustrations in this book deserve special mention. They are admirably composed, sharp in contrast, and really amplify the text. The typography and paper are worthy of this excellent book.

HEALTH, A Handbook of Suggestions for Teachers in Elementary Schools, by JOHN T. PHAIR, M.B., D.P.H., Chief Medical Officer Department of Health; Mary Power, B.A., Director of Health Education, Department of Health; Robert H. Roberts, M.A., Inspector of Public Schools, Department of Education. Members of a Joint Committee on the Teaching of Health, appointed from the Department of Education and the Department of Health of the Province of Ontario. Published by the Ryerson Press, Toronto.

This book has been prepared as a guide and tentative outline of procedure for teachers to make health education more effective in the elementary school. The publication is the outcome of experimentation, study and demonstration, extending over a period of six or seven years, in which teachers and school inspectors have participated actively. It is of much interest and importance to note that the project was carried out under the direction of a joint committee, the personnel of which was composed of members of the Department of Education and the Department of Health of Ontario. Among outstanding members of this working committee were the authors: Dr. Phair, Chief Medical Officer of the Department of Health; Miss Mary Power, Director of Health Education, Department of Health; and Mr. Robert H. Roberts, Inspector of Public Schools, Department of Education.

While the book has been prepared primarily for teachers, it should prove of great assistance to public health nurses; particularly those engaged in school health work. The authors are to be highly commended for the preparation of this Handbook which meets a long-felt need in the field of school health education. The content is arranged under three main headings. Part I deals with the need for and meaning of health education, Part II contains a suggested outline of health instruction throughout the several grades, and Part III gives a statement of certain scientific facts relating to the human body which should be helpful to teachers, for ready reference.

A review of the contents of the book reveals many features of merit. The authors have defined health education as it relates to the school programme in its broadest terms, and have attempted to indicate the many implications and factors whereby health teaching may function effectively in the lives of children. The need for the mutual understanding of the objectives of a school health programme, the facilities necessary and opportunities afforded for effective teaching are cited in Part I. Emphasis is placed upon the co-operative and co-ordinated efforts of school officials, parents, teachers, physicians and nurses as an essential factor for successful accomplishment. It is of interest and significance to note that



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the authors have placed increasing responsibility upon the teacher in matters of health instruction and health service. Consequently emphasis is placed upon the need for a much better professional preparation in the way of scientific knowledge relating to personal and public health and of child psychology as a basis for the understanding and application of teaching principles.

While suggestions for health teaching have been organized in accordance with the "grade" system which still exists in our schools, the authors have done well in their effort to indicate the various ways and means whereby the health programme may meet the *individual* needs of the *whole* child during the successive and progressive stages of physical, emotional and social development. Teachers should find the various health topics suggested in Part II of much assistance in selecting and adjusting health instruction to meet the specific health needs of the pupils. It should also be a source of helpful information to school nurses in co-operating with teachers in matters of health instruction, health examination and health supervision.

Under the caption "Units or Enterprises", suggestions are offered whereby health teaching may be correlated with other school activities and integrated into the school programme as a whole. The book indicates methods of helping the pupil to develop health knowledge, practices and attitudes in relation to life situations, in contrast to the traditional way of teaching health or hygiene as an isolated and factual subject. The bibliographies, as arranged throughout the book are most complete and contain many references to recent publications. School nurses would be well advised to secure and study this new Handbook in order that they may be better fortified to co-operate with teachers and parents in the promotion of health during the childhood period.

MARION LINDEBURGH

MANUEL DES QUESTIONS ET REPONSES D'EXAMENS DES GARDES-MALADES, revisé, classifié et augmenté par la REV. SOEUR MADELEINE, R.C.S.P. Publié par Charlotte Tassé, directrice de "La Garde-Malade Canadienne-Française", 4455 ouest Boulevard Gouin, Montréal. 444 pages, with index.

It gives the reviewer real pleasure to bring this volume to the attention of our readers. The primary aim of this Manual, written in the French language, is to provide an authoritative and concise summary of the information required by French-speaking candidates, wishing to take the qualifying examinations for the title of Registered Nurse in the Province of Quebec.

In its original form, its content appeared serially in *La Garde-Malade Canadienne-Française*, a monthly publication published in

the French language, under the direction of Mademoiselle Charlotte Tassé. The responsibility of arranging and clarifying the subject matter was assumed by the Reverend Sister Madeleine, F.C.S.P., of the community of Réligieuses de la Providence. Valuable assistance was also given by numerous collaborators, all of whom possessed special qualifications for their share in the common task.

The scope of the book is necessarily quite extensive since it covers all the subjects in which examinations must be taken. Obviously, consideration of each topic cannot be carried to any great depth, but the questions have been skilfully formulated and the answers to them are clear, concise and accurate. In this connection, it is interesting to note how well the precision and logic of the French tongue lends itself to the Socratic method. Sister Madeleine modestly insists that she has paid no attention to style —nevertheless she has achieved it! This Manual will have a wider usefulness than simply that of a quiz compend because it presents in a convenient and readily accessible form, information which nurses should review from time to time. Our most sincere congratulations on this fine piece of work are extended to our esteemed contemporary, *La Garde-Malade Canadienne-Française*, and its able directrice, Mademoiselle Tassé.

E.J.

ONTARIO PROVINCIAL PUBLIC HEALTH NURSING SERVICE

Complete physical examination, including tuberculin test with X-ray of positive reactors and consultations as recommended, is a requirement of the Ontario Department of Education for all applicants before admission to Normal Schools and the College of Education. The examinations are carried out under the direction of the Ontario Department of Health and are conducted in the seven centres where normal schools are established. The examinations are made by physicians chosen by the local medical societies. The necessary nursing service is provided by the Ontario Department of Health. The students pay part of the examination fee. This year, approximately 1,250 students were examined in the normal schools and 300 at the College of Education.

Miss Winifred Walker, (University of Toronto, Public Health Nursing course), joined the Board of Health staff at Kirkland Lake recently.

Miss Margaret Nealon, (University of Toronto, Public Health Nursing course), has received the appointment of public health nurse for Renfrew.

Miss Mary E. McEwing, (University of Western Ontario, Public Health Nursing course 1938), has been added to the staff of the Kitchener Health Department. The public health nursing staff now consists of a director and six nurses.

Miss Margrethe Crowe, (University of Toronto, Public Health Nursing course, 1938), commenced her duties as junior public health nurse at Woodstock in September.

Miss Evelyn C. Hood, (University of Toronto, Public Health Nursing course, 1938), has returned to York Township Board of Health after a leave of absence for study.

Miss Esther McDonald, (University of Toronto, Public Health Nursing course, 1938), has returned to Port Arthur Board of Health after a leave of absence for study.

NEWS NOTES

ALBERTA

EDMONTON:

Dr. D. B. Leitch recently addressed the Edmonton Graduate Nurses on poliomyelitis, tracing the symptoms, treatment and prognosis and stressing particularly the newer theories regarding this disease. A large attendance showed the interest felt, and the esteem accorded the speaker.

BRITISH COLUMBIA

VANCOUVER:

At the September 1938 Examination, held in five centres in British Columbia, for the title and certificate of Registered Nurse, 125 nurses wrote full papers, of whom 117 passed and are eligible for registration.

Grace Hospital, Vancouver has instituted for its nursing staff the six-day week and the eight-hour day.

St. Paul's Hospital, Vancouver has made arrangements for a Nurses Directory for its own graduates, with an office in the Hospital and with registered nurses in charge. The eight-hour day only for hospital special duty nursing will be in force.

VANCOUVER:

The first Fall meeting of the Vancouver Graduate Nurses Association was held recently in the Vancouver General Hospital, with the vice-president, Miss Olive Cotsworth in the chair. An interesting account of the Halifax convention was given by Miss Margaret Kerr.

Vancouver nurses pursuing post-graduate studies this winter include the following: Miss Geraldine Homfray, who has left for Peabody College, Nashville, Tennessee; Miss Lyle Creelman, who will attend Columbia University, New York; Miss C. Walker, who will study teaching and administration at the University of Washington; Miss Margaret Barton, who will take the Public Health Course at the University of British Columbia, and Miss C. Webster, who plans to take post-graduate work in surgery in New York.

Married: Recently, Miss Jean Murdoch (Vancouver General Hospital and University of British Columbia) to Mr. George Sinclair.

Married: On August 3, 1937, Miss Kathleen G. Patterson, (Vancouver General Hospital, 1930) to Mr. Callum Thompson.

Married: Recently, Miss Maude Barner, (R. W. Large Memorial Hospital) to Mr. F. Earl Anfield.

Married: Recently, Miss Janet Clara Ford, (Hazelton General Hospital) to Mr. J. C. Elliott.

Married: Recently, Miss Lois Princess Cockell, (Royal Jubilee Hospital, Victoria) to Mr. Reginald C. Ryves.

Married: Recently, Miss Sarah Georgina Acheson, (Kingston General Hospital) to Mr. Harold R. Goldfinch.

Married: Recently, Miss Mabel Edith Hammond, (St. Paul's Hospital) to Mr. H. W. Murley.

Married: Recently, Miss Marion E. G. Ross to Dr. Alan Hastings Woodcock.

Married: Recently, Miss Nellie Shortreed Deans, (St. Paul's Hospital) to Mr. Neville Hall.

Married: Recently, Miss Irene Clare, (Royal Columbian Hospital, New Westminster) to Mr. Lorne Coe.

MANITOBA

BRANDON:

Miss Atkin and Miss Eva Roulette have been transferred to the public health staff in Winnipeg and St. Vital respectively and we regret the loss of these valuable members in our Association. In honour of Miss Atkin, Mrs. Bigelow entertained members of the Brandon Graduate Nurses Association at a surprise party. Miss V. Vance, on behalf of the Association presented the honoured guest with a travelling bag.

Married: Recently, Miss Dora Muir (Winnipeg General Hospital) to Dr. R. Bryon Bird.

BRANDON:

The Brandon Graduate Nurses Association held the opening meeting for the season on Oct. 4 at the General Hospital with forty-four present. Miss Vance presided over a short business session when Mrs. Mathey was appointed as representative to the *Canadian Nurse* for the Association, and Mrs. H. McKenzie as convener of the "Married Ladies" group. Miss A. Brigham then introduced the guest speakers, both of whom spoke on their recent trips abroad. Mrs. H. O. McDiarmid gave a vivid word picture of places of interest in Scotland while Miss M. Gemmill gave impressions from a health viewpoint in the various countries visited. Miss C. Macleod thanked the speakers. Miss H. Morrison, the guest of honour, was presented with a Hudson Bay blanket by Mrs. E. Hannah and Miss L. Taylor on behalf of the Association thus expressing the best wishes of the members for

her happiness. A social hour concluded the evening.

ONTARIO

District 1

LONDON:

Victoria Hospital:

Miss Eleanor M. Ewing (Victoria Hospital, 1936) has accepted a position on the staff of the Victorian Order of Nurses at Kitchener.

Married: Recently, Miss Helen McCallum (V.H.) to Dr. C. C. Ross.

Married: Recently, Miss Evelyn Moore (V.H.) to Mr. C. H. West.

Married: Recently, Miss Anne Sabiston (V.H.) to Mr. Jack Hambly.

Married: Recently, Miss Edith May Morrison (V.H.) to Rev. John D. Gilmour.

Married: Recently, Mrs. I. Ross (V.H.) to Mr. Panke.

Married: Recently, Miss Eleanor George (V.H.) to Mr. Roger Caldwell.

Districts 2 and 3

KITCHENER:

On September 27, the first meeting for the fall season of the Kitchener and Waterloo chapter of Districts 2 and 3 was held with a large attendance. The speaker of the evening was Miss M. Hackett, public health nurse for the village of Ayr and the townships of North and South Dumfries; having attended the C.N.A. Biennial Meeting in Halifax, she gave a delightful resumé of the highlights of the sessions.

District 4

NIAGARA FALLS:

The regular quarterly meeting of District 4 was held at the Nurses' Home, Niagara Falls General Hospital on September 24, and was well attended. Mrs. Twidall, one of the Aldermen of the city of Niagara Falls, welcomed the Association on behalf of the Mayor and the Council. This action does seem to add a note of hospitality to the meeting. Miss Mildred Walker, director of the School of Nursing of the Western University, gave a most comprehensive address on the highlights of the Canadian Nurses Association Biennial Meeting. A delightful tea was served by Miss Buchanan and her staff. The next meeting will be held at St. Joseph's Hospital, Hamilton, sometime in January.

District 5

ORILLIA:

One hundred and twenty-five nurses attended the Fall meeting of District 5, R.N.A.O. held at Orillia on September 24. The

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bright sunshine and gorgeous autumn tints made the long motor trip an added pleasure for the nurses in the southerly part of the district. The members were addressed by Dr. Horn, superintendent of the Ontario Hospital, and later made a tour of the hospital. Miss Ethel Greenwood, of the Victorian Order of Nurses, Toronto, then demonstrated home confinement care. Supper was served at St. Paul's United Church, by the Ladies Auxiliary. The guests were His Worship, the Mayor, and Mrs. Pack, Dr. and Mrs. R. E. Hipwell, and the Rev. and Mrs. Bugden. The evening session was addressed by Dr. E. P. Lewis, of the Toronto Psychiatric Out-Patient Department, on the mental hygiene of pregnancy. A very lovely and refreshing report of the C.N.A. Biennial Meeting was presented by Miss Gladys Sharpe, of the Toronto Western Hospital.

The membership of District 5 to date is 1,035 and the committee is ready with plans for a still greater increase before the end of the year. The district has also appointed a convener to work with the Provincial Committee in the interests of *The Canadian Nurse*.

TORONTO:

Hospital for Sick Children:

Miss Margaret Buchanan (1936) has returned from Bedford College, London, England, and has been appointed to the teaching staff of the H.S.C. Miss Helen Howe (1926) has resigned from the operating room staff of the H.S.C. and has been appointed matron of the Preparatory School, Upper Canada College.

Miss Isabel Cation (1937) is taking a course in Administration in Hospitals and Schools of Nursing at McGill University School of Nursing. Miss Irene Stevens (1937) is taking a course at the University of Toronto.

Married: Recently, Miss Doris Kelly (H.S.C., 1936) to Dr. Roger Chenowith.

Married: Recently, Miss Dorothy Pound (H.S.C., 1936) to Mr. Robert Leonard.

Married: Recently, Miss Frances Crawford (H.S.C., 1936) to Dr. William Bryant.

Married: Recently, Miss Grace Inglis (H.S.C., 1937) to Mr. E. G. Thomoson.

Married: Recently, Miss Alice Hall (H.S.C., 1934) to Mr. W. G. Alsop.

Married: Recently, Miss Iris Riply (H.S.C., 1936) to Mr. Howard Anderson.

Married: Recently, Miss Claire Williams (H.S.C., 1934) to Dr. Morrison Mitchell.

DISTRICT 7

SMITHS FALLS:

The regular Fall meeting of District 7, R.N.A.O. was held at the Chambers Memorial Hospital with sixty members present.

Miss A. Baillie, vice-president, presided, and a letter was received from Miss Bliss, the president, regretting her inability to attend. A very interesting report of the R.N.A.O. convention held in Kingston was given by Miss A. Baillie and Miss L. Acton. Excellent reports of the Biennial Meeting of the C.N.A. in Halifax were given by Miss Atkin and Miss Emma Sharpe.

Miss Baillie invited the District to hold its annual meeting at the Kingston General Hospital in January. Following the business meeting the visiting members were guests of the Smiths Falls Graduate Nurses Association and the Alumnae Association of the Chambers Memorial Hospital at a delightfully arranged tea at the Birkacre Inn. A humourous monologue by Miss Amy Church brought the meeting to a close. Miss E. Sharpe extended to Miss Church and the Smiths Falls members a vote of thanks for the hospitality accorded the visitors.

KINGSTON:

Appointments: Miss Marjorie La Rocque, (H.D.H., 1930)—staff nurse in the Ontario Hospital, Kingston; Miss Audrey Black, (H.D.H., 1938)—staff nurse in the Ontario Hospital; Miss Glodin Hughes (K.G.H., 1931)—staff nurse in the Ontario Hospital; Miss Johana Rochotte—staff nurse in the Ontario Hospital.

Married: Recently, Miss Frances Pollett (O.H.) to Mr. Harold Morris.

Married: Recently, Miss Bromnell (H.D.H., 1937) to Dr. George Hunt.

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

Miss Mary Lamb (O.C.H., 1928) has been appointed to the staff of the Physiotherapy Department, Ottawa Civic Hospital. Miss Jessie Wilson (O.C.H., 1930) has recently returned from Chicago where she has taken a course at the College of Swedish Massage. Miss Evelyn Bryant (O.C.H., 1930) has left for New York to take a Medical Assistant's course at the Paine Hall Institute. Miss Davina Pitkethley, (O.C.H., 1933) has been appointed assistant night supervisor at the Alexandra Hospital, Montreal.

Miss Mildred Cook (O.C.H., 1938) sailed recently for Affiout, Egypt, to do missionary work in a Mission School.

Miss Dorothy Campbell (O.C.H., 1938) has gone to Montreal to take a special course with the Victorian Order of Nurses in that city.

Married: Recently, Miss Jessie Lancaster (O.C.H., 1930) to Mr. Lawrence Lemoine.

Married: On July 1, 1938, Miss Mar-

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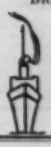

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guerite Wilkie (O.C.H., 1931) to Mr. Richard Lake.

Married: On August 18, 1938, Miss Heloise Losier (O.C.H., 1932) to Mr. William James Hogan.

Married: Recently, Miss Clara Montgomery (O.C.H., 1932) to Mr. Robert Ross Humphrey.

Married: On October 1, 1938, Miss Elva Browne (O.C.H., 1933) to Mr. Gordon Selkirk.

Married: On August 30, 1938, Miss Doris Covell (O.C.H., 1933) to Mr. Gordon Hyndman.

Married: On September 10, 1938, Miss Erma Burtt (O.C.H., 1934) to Mr. John Ivory.

Married: On October 1, 1938, Miss Ethel Graham (O.C.H., 1934) to Mr. Thomas Leney.

Married: On June 11, 1938, Miss Thelma Richardson (O.C.H., 1934) to Mr. Daniel McKinney.

Married: On June 22, 1938, Miss Eva Tessier (O.C.H., 1934) to Mr. Francis G. Nesbitt.

Married: On August 8, 1938, Miss Alma Bowen (O.C.H., 1936) to Mr. Mansel Brownlee.

Married: On June 28, 1938, Miss Helen Sparks (O.C.H., 1937) to Mr. Ernest F. Helmer.

Married: On August 26, 1938, Miss Beda Crosby (O.C.H., 1937) to Mr. Kenneth Kunn.

District 9

Sudbury:

The fourteenth annual meeting of District 9, R.N.A.O., was held on September 24 in Sudbury. All the various Chapters were represented as follows: Sault St. Marie, Miss Claire Douglas; New Liskeard, Miss Elsie Franks; Timmins, Miss Thrasher; Gravenhurst, Miss Jean Smith; North Bay, Miss Jean Laing. Members were present from Sudbury, Kirkland Lake and Haileybury. The morning meeting was held at St. Joseph's Hospital and greetings were extended by the Mayor of the city, by Rev. Sister Bernadette, Superintendent of nurses, and by Miss Florence Kruger on behalf of the local Chapter. Miss Kruger, who was convener of the programme committee, and her associates, were responsible for the cordial hospitality extended to the visiting members.

Reports of the Chapters and the Sections show that progress is being made throughout the District and it is extremely gratifying to note the steadily increasing membership, due to the untiring convenership of Miss Jean Smith of Gravenhurst. The financial affairs of the district were shown to be in a most creditable condition, and it was

decided to continue the contribution to the Florence Nightingale Memorial Fund. An excellent address on nursing conditions in Europe was given by Dr. P. E. LaFlamme. Miss Madalene Baker, of London, as guest speaker gave a most interesting and inspiring address on eight-hour duty, as it affected the private duty nurse. An excellent report of the Annual Meeting of the R.N.A.O. at Kingston was given by Miss McKnight of Gravenhurst. The Biennial Meeting of the C.N.A. held in Halifax, was graphically described by the chairman, Miss H. Elizabeth Smith. The famous puppet show brought the attention of the members to the importance of being a subscriber to *The Canadian Nurse*.

A delightful tea was served at St. Joseph's Hospital to the guests of the Sudbury Chapter. A banquet was held in the evening and a musical programme was given by Mrs. McKenzie. Addresses were given by Rev. Father O'Leary, and Miss Madalene Baker. Her topic was "Registries and their Organization". This was felt to be most enlightening and suggested that nursing bureaus be established where all types of nursing service could be made available to the public.

The officers and conveners for the coming year were elected as follows: chairman, Miss H. Elizabeth Smith, New Liskeard; first vice-chairman, Miss Jean Smith, Gravenhurst; second vice-chairman, Miss Florence Kruger, Sudbury; secretary, Miss Rossie Densmore, Sault St. Marie; treasurer, Miss Robena Buchanan, Sanatorium, P.O. Conveners of Committees: membership, Miss Jean Smith, Gravenhurst; nomination, Miss Katherine McKenzie, North Bay; programme, Miss Winifred Walker, Kirkland Lake; arrangements, Miss Ethel North, Kirkland Lake; publications, Miss H. Elizabeth Smith, New Liskeard; enrolment, Miss Helen Jordan, North Bay; finance, Miss Robena Buchanan; public health, Miss Sally Wallace, Haileybury; nurse education, Miss Alice McGregor, Sault St. Marie; private duty, Miss Florence Kruger, Sudbury.

A cordial invitation was accepted from Kirkland Lake, where on the third Saturday of September 1939, District 9 will again assemble its widely scattered but enthusiastic and hard-working members for their fifteenth annual meeting.

QUEBEC

MONTREAL:

The Montreal General Hospital:

Married: On September 12, 1938, Miss Margaret A. MacKay (M.G.H., 1929) to Mr. Edward McCort.

Married: On October 4, 1938, Miss Mary L. G. Brady (M.G.H., 1930) to Lieut. Laurence L. Thornton, R.N.R.

Married: On September 17, 1938, Miss

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REGISTRATION OF NURSES
Province of Ontario

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EXAMINATION ANNOUNCEMENT

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Parliament Buildings, Toronto

Jean B. McRae (M.G.H., 1931) to Mr. John Dingwall.

Married: On September 28, 1938, Miss Nora N. Meighen (M.G.H., 1932) to Mr. Frank E. Allan.

Married: On September 8, 1938, Miss Carol Michaels (M.G.H., 1932) to Dr. M. H. F. Friedman.

Married: On October 4, 1938, Miss Dorothy Bonner (M.G.H., 1934) to Dr. George Wood.

Married: On September 27, 1938, Miss Eva E. Seveigny (M.G.H., 1934) to Mr. Harry Lindley, B.A.

Married: On August 18, 1938, Miss Marguerite Morris (M.G.H., 1935) to Mr. Edward Hollett.

Married: On September 14, 1938, Miss Kathleen Mary Finnie (M.G.H., 1936) to Mr. George R. Browne.

Married: On September 14, 1938, Miss Allison Pattillo (M.G.H., 1936) to Dr. David G. Rodger.

Married: On September 10, 1938, Miss Marguerite Hawley (M.G.H., 1937) to Mr. John E. Cook.

Married: On September 10, 1938, Miss Dorothy E. Murray (M.G.H., 1937) to Dr. William A. N. Inglis.

The Royal Victoria Hospital:

Miss Lillian Pidgeon (R.V.H., 1913) has been appointed supervisor of the medical wards.

Miss Winnifred MacLean (R.V.H., 1923) has been appointed nurse-in-charge of the Urological Ward to replace Miss Mildred MacLeod (R.V.H.) who has resigned.

Miss Edith Hennigar (R.V.H., 1930) has joined the staff of the teaching department.

Miss Grace Fowler (R.V.H., 1932) has resigned from the staff of the out-door department and Miss Kathleen DeWitt (R.V.H., 1938) succeeds her.

The following R. V. H. nurses are attending the School of Nursing, McGill University: Miss Eleanor Johnson, (1936); Miss Helen MacKay, (1933); Miss Elaine Corbett, (1935); Miss Louise Sharp, (1937); Miss Kathleen Stanton, B.Sc., (1938); Miss Frances MacDonald, B.A., (1938); Miss Marjorie Kendall, (1938).

Married: Recently, Miss Mabel A. Inkster (R.V.H., 1930) to Mr. Reginald E. Frewen.

Married: Recently, Miss Rena E. Harvie (R.V.H., 1934) to Dr. John J. Fahlman.

Married: Recently, Miss Margaret Baird (R.V.H., 1935) to Dr. Ralph Huff.

Married: Recently, Miss Helen M. Eberle (R.V.H., 1929) to Mr. P. G. Cranston.

MONTREAL:

St. Mary's Hospital:

Major D. J. O'Donahoe, President of the

(*continued on page 684*)

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Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England.

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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

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New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanitorium, Kentville; (2) Miss K. Jamer, Victoria General Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Irene Smith, 74 South Park Street, Halifax.

Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 227 Kent St., Charlottetown; (4) Mrs. Lois MacDonald, 45 Upper Prince Street, Charlottetown.

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COUNCILLORS: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Henderson, 4243 12th Ave., W., Vancouver. **Manitoba:** Miss A. McKee, 604 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor. **Ontario:** Miss M. Hoy, 27 Giles Blvd., Windsor. **Prince Edward Island:** Miss Ina Gillan, 277 Kent St., Charlottetown. **Quebec:** Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal. **Saskatchewan:** Miss D. Hopkins, Box 568, Estevan.

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nard, M. Meggitt, M. McCorkindale, Mrs. K. Cowie; *Conveners*: *Nursing Education*, Miss P. Bluett; *Public Health*, Miss A. Fennell; *Private Duty*, Mrs. Elizabeth Sebire.

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District 9

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District 10

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Regina Registered Nurses Association

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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ALBERTA

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BRITISH COLUMBIA

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Brandon Graduate Nurses Association

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QUEBEC

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Alumnae Associations

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MANITOBA

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ONTARIO

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A.A., St. Joseph's Hospital, London

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A.A., Ottawa General Hospital, Ottawa

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